



Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/853 280
Filing Date: 05/11/01
Inventor: Paul HOWELL
Title: SILHOUETTING APPARATUS AND METHOD
Art Unit: 2621
Examiner:
Attorney Docket No.: 01-013

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To: Assistant Commissioner for Patents
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Request for Correction of Official Filing Receipt

Dear Sir:

Enclosed is a copy of the Official Filing Receipt for the above-cited application.
The state designation is incorrect on the receipt and correction is requested.

Respectfully submitted,

Patricia M. Mathers
Attorney for Applicants
Reg. No. 44,906
Thomas L. Bohan & Associates
371 Fore Street
Portland, ME 04101
(207) 773-3132

September 6, 2001

Official Filing Receipt

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UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/853,280 ✓	05/11/2001 ✓	2621 ✓	355 ✓	01-013 ✓	6	20 ✓	2 ✓

CONFIRMATION NO. 5865

24124 ✓
THOMAS L. BOHAN & ASSOCIATES
371 FORE STREET
SUITE 202
PORTLAND, ME 04101

FILING RECEIPT



OC00000006503545

Date Mailed: 08/31/2001

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Applicant(s)

Paul Howell, Portland, MA;

ME

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 08/31/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes ✓

Early Publication Request: No ✓

** SMALL ENTITY ** ✓

Title

Silhouetting apparatus and method ✓

Preliminary Class

382

Data entry by : ROBINSON, FELICIA

Team : OIPE

Date: 08/31/2001



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Bib Data Sheet

CONFIRMATION NO. 5865

SERIAL NUMBER 09/853,280	FILING DATE 05/11/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. 01-013	
APPLICANTS Paul Howell, Portland, ME; <i>pk None</i> ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** <i>1 sh Van</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/31/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>B</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY ME	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS 24124					
TITLE Silhouetting apparatus and method					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		